STATE FORM

TAUE 30/30 PRINTED: 11/22/2010 FORM APPROVED

Division	of Health Care Fac	ilities			<del> </del>			
AND PLAN OF CORRECTION IDE		IDENTIFICATION	OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01 - MAIN BUILDING 01  B. WING		(X3) DATE SURVEY COMPLETED 10/25/2010	
		TN0106	Christ And	DESS NITY	STATE, ZIP CODE	10/2	3/2010	
NAME OF	PROVIDER OR SUPPLIER			MIRE RO	517/12, Zii 000C		[	
GOLDEN	LIVINGCENTER - W	DOOMDAIN	CLINTON,	TN 37716		100000000000000000000000000000000000000		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	DER'S PLAN OF CORRECTION ORRECTIVE ACTION SHOULD BE FERENCED TO THE APPROPRIATE DEFICIENCY)			
N1410	1200-8-6-,14(2)(a)	5.(ii) Disaster Pre	paredness	N1410				
	(2) Physical Facility and Community Emergency Plans.		4	N1410				
	(a) Physical Facility (Internal Situations).		ons);	Residents Affected No residents were affected		cted.		
	<ol> <li>Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions</li> </ol>				Residents Potentially A All residents have the p affected.			
	and communicatio community agenci and evaluate these at least three (3) ye	ns with other facili es. Records which drills must be ma	tles and n document		October 26, 2010. Saf will schedule next drill	o Warning drill completed r 26, 2010. Safety Director ledule next drill prior to		
	(ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include:				March 2011.  Monitoring Changes Safety Director will so	hedule		
	(I) Staff duties by assignment; and,	Staff duties by department and job . ssignment; and,			required drills on rotat annual calendar to mai compliance. Calendar	!		
	(II) Evacuation pro	cedures.			be reviewed each mon at Safety Team Meetin	reviewed each month		
İ	This Rule is not me Based on interview failed to assure a to annually.	and record review	v, the facility		11/11/10			
	The findings includ- interview with the A review on October:	dministrator and r 25, 2010 at 3:15 p	.m.		*			
	confirmed the facili disaster drill for torr tornado drill was co	hado annually. The	a last					
	308					. 1		
l	A 1 2	00						
(	ORECTOR'S OF PROME	ENSUPPLIER REPRES	ENTATIVE'S SIGNA	ATURE E	Xecutive D	weeter	(X8) DATE	
ATE FORM	/		1 440	SE SE	Q721	# continuat	ton sheet 1 of 1	